



**STATE TREASURER'S  
OPPORTUNITY ILLINOIS: Disaster Recovery Loan  
PROGRAM APPLICATION**

**NO INSURANCE COVERAGE LOAN**

The undersigned (Borrower) hereby request \$ \_\_\_\_\_ from \_\_\_\_\_ (Financial Institution) of \_\_\_\_\_ (city) under the State Treasurer's 2008 Disaster Recovery Loan Deposit Program. Borrower acknowledges that funds shall be used for costs related to disaster recovery in Illinois in 2008. Borrower certifies that he or she **DOES NOT HAVE** the proper insurance coverage to eventually pay for the repairs and expenses resulting from the disaster. Borrower further acknowledges that he or she is not a director, officer or employee (or spouse thereof) of the financial institution making the loan. The borrower certifies that all of the representations made in the application are true and correct.

**BORROWER INFORMATION:**

Borrower's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Disaster Declaration Date: \_\_\_\_\_

Reason for Loan (home repair, business repair, medical expenses, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated costs and expenses (borrower must provide estimates and quotes to support amount): \$ \_\_\_\_\_

**CHECK ONE:**

<u>Amount of Costs &amp; Expenses</u>	<u>Length of Deposit</u>	<u>Renewal Period</u>
<input type="checkbox"/> \$0 - \$5,000	12 months (interest only)	Not applicable
<input type="checkbox"/> \$5,001 - \$10,000	24 months (interest + principal)	Not applicable
<input type="checkbox"/> \$10,001 - \$25,000	36 months (interest + principal)	2 yrs, 1 yr renewal
<input type="checkbox"/> \$25,001 - \$50,000	48 months (interest + principal)	2 yrs, 2 yr renewal
<input type="checkbox"/> \$50,001 and up	60 months (interest + principal)	2 yrs, 3 yr renewal

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL INSTITUTION:**

Financial Institution's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Loan Officer: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please return the completed application to:**

Alexi Giannoulis Illinois State Treasurer, Banking Division, 300 West Jefferson Street, 2<sup>nd</sup> Floor, Springfield, Illinois 62706  
Phone: (217) 782-2072 • Fax : (217) 522-1217

**www.treasurer.il.gov**